

CalPERS Notice of Privacy Practices

Effective Date: February 4, 2011

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

If you have any questions about this notice, please contact the Health Insurance Portability and Accountability Act (HIPAA) Administrator at **888 CalPERS** (or **888-225-7377**).

Why We Ask for Information About You

The Information Practices Act of 1977 and the Federal Privacy Act require CalPERS to provide the following information to individuals who are asked to supply information. The information requested is collected pursuant to the Government Code (Section 20000, et seq.) and will be used for administration of the Board's duties under the Public Employees' Retirement Law, the Social Security Act, and the Public Employees' Medical and Hospital Care Act, as the case may be. Submission of the requested information is mandatory. Failure to supply the information may result in CalPERS being unable to perform its functions regarding your status. Portions of this information may be transferred to other governmental agencies (such as your employer), physicians, and insurance carriers but only in strict accordance with current statutes regarding confidentiality.

You have the right to review your CalPERS membership file. For questions concerning your rights under the Information Practices Act of 1977, please contact the CalPERS Customer Contact Center at **888 CalPERS** (or **888-225-7377**).

How We Use Your Social Security Number

Section 7(b) of the Privacy Act of 1974 (Public Law 93-579) requires that any federal, State, or local governmental agency which requests an individual to disclose a Social Security number shall inform that individual whether that disclosure is mandatory or voluntary, by which statutory or other authority such number is solicited, and what uses will be made of it.

The CalPERS Health Benefits Branch requests Social Security numbers on a voluntary basis. However, it should be noted that due to the use of Social Security numbers by other agencies for identification purposes, CalPERS may be unable to verify eligibility for benefits without the Social Security number.

The CalPERS Health Benefits Branch uses Social Security numbers for the following purposes:

- Enrollee identification for eligibility processing and verification.
- Payroll deduction and State contribution for State employees.
- Billing of public agencies for employee and employer contributions.
- Reports to CalPERS and other State agencies.
- Coordination of benefits among health plans.
- Resolution of member appeals/complaints/grievances with health plans.

How We Safeguard Your Protected Health Information

We understand that protected health information about you is personal and CalPERS is committed to safeguarding protected health information, which is in our possession. This notice applies to all of the records of your health plan participation generated by CalPERS. The participating health plan in which you are enrolled may have different policies or notices regarding its use and disclosure of your protected health information.

The remainder of this notice will tell you about the ways in which we may use and disclose protected health information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of protected health information.

The Federal Health Insurance Portability and Accountability Act Privacy Regulations (Title 45, Code of Federal Regulations, sections 164.500, et seq.) require us to:

- Make sure protected health information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices with respect to your protected health information; and
- Follow the terms of the notice that is currently in effect.

How We May Use And Disclose Your Protected Health Information

The following categories describe different ways that we may use and disclose protected health information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- **Health Care Operations.** We may use and disclose protected health information about you for CalPERS health benefits operations. These uses and disclosures are necessary to run the CalPERS health benefits program and make sure that all of our enrollees receive quality care. For example, we may use and disclose protected health information about you to confirm your eligibility and to enroll you in the participating health plan that you select, to evaluate the performance of the health plan in which you are enrolled, for coordination of benefits among health plans, or to resolve an appeal,

complaint or grievance with the health plan. We may also combine protected health information about many CalPERS health benefits enrollees to evaluate health plan performance, to assist in rate setting, to measure quality of care provided or for other health care operations. In some cases, we may obtain protected health information about you from a participating health plan, provider, or third-party administrator for certain healthcare operations. If the protected health information received from others is part of our health care operations, the uses and disclosures would be in accordance with this guideline.

- **Health-Related Benefits and Services.** We may use and disclose protected health information to tell you about health-related benefits or services, such as treatment alternatives, disease management or wellness programs that may be of interest to you.
- **Named Insured.** If you are enrolled in the CalPERS health benefit program as a dependent, we may release protected health information about you to the named insured.
- **As Required By Law.** We will disclose protected health information about you when required to do so by federal, state, or local law or regulation.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose protected health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

Special Situations

- **Workers' Compensation.** We may release protected health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Health Oversight Activities.** We may disclose protected health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose protected health information about you in response to a court or administrative order. We may also disclose protected health information about you in response to a subpoena, discovery request, or other lawful process by

someone else involved in the dispute, but only if you have been given proper notice and an opportunity to object.

- **Law Enforcement.** We may release protected health information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons, or similar process.
- **National Security and Intelligence Activities.** We may release protected health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- **Protective Services for the President and Others.** We may disclose protected health information about you to authorized federal or state officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.
- **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release protected health information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Rights Regarding Your Protected Health Information

You have the following rights regarding protected health information we maintain about you:

- **Right to Inspect and Copy.** You have the right to inspect and copy protected health information about you that is maintained by the CalPERS Health Benefits Branch. In most cases, this consists solely of information concerning your health plan enrollment. In some cases, it may also include information that you have provided to CalPERS to assist with coordination of benefits among health plans or to resolve an appeal, complaint or grievance against the health plan in which you are enrolled.

To inspect and copy protected health information about you that is maintained by the CalPERS Health Benefits Services Division, you must submit your request in writing to the HIPAA Administrator at P O Box 942714, Sacramento, CA 94229-2714. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to the protected health information, you may request that the denial be reviewed. A licensed health care

professional chosen by CalPERS will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

- **Right to Amend.** If you feel the protected health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the CalPERS Health Benefits Division.

To request an amendment, your request must be made in writing and submitted to the HIPAA Administrator at P O Box 942714, Sacramento, CA 94229-2714. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
 - Is not part of the protected health information kept by or for CalPERS;
 - Is not part of the information which you would be permitted to inspect and copy; or
 - Is accurate and complete.
- **Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of the protected health information about you.

To request this list or accounting of disclosures, you must submit your request in writing to the HIPAA Administrator at P O Box 942714, Sacramento, CA 94229-2714. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the costs involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the protected health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the protected health information we disclose about you to

someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to the HIPAA Administrator at P O Box 942714, Sacramento, CA 94229-2714. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail to a specific address.

To request confidential communications, you must make your request in writing to the HIPAA Administrator at P O Box 942714, Sacramento, CA 94229-2714. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

To obtain a paper copy of this notice contact the HIPAA Administrator at **888 CalPERS** (or 888-225-7377).

Changes to this Notice

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for protected health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice at CalPERS and on the CalPERS website at www.calpers.ca.gov. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, a copy of the notice that is currently in effect will be included in each year's CalPERS open enrollment mailing.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with CalPERS or with the Secretary of the Department of Health and Human Services. To file a complaint with CalPERS, contact the HIPAA Administrator at **888 CalPERS** (or **888-225-7377**). All complaints must be submitted in writing.

You will not be retaliated against for filing a complaint.

Other Uses of Protected Health Information

Other uses and disclosures of protected health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose protected health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose protected health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of your participation in the CalPERS health benefits program.